

Minutes of the Renal Association “Standards” Committee Meeting Hilton Hotel, Belfast 5th March 2005

Present: Simon Davies, Chris Dudley, Chas Newstead (BTS) Robert Mactier, Maarten Taal, Charlie Tomson, David Wheeler (Chair).

Apologies: Paul Stevens (ARF), Mike Cassidy (Complications).

Format of the Committee and updated “Standards” document:

The structure of the “Standards” committee was discussed. DW presented the Renal Association Executive’s view of how the process of “Standards” updating should progress. The following individuals have been given the responsibility of leading the update, with the new document based on a modular format:

Module 1: CKD	Charlie Tomson, MaartenTaal
Module 2: Complications	Mike Cassidy, Donald Richardson
Module 3: Dialysis	Simon Davies, Robert Mactier
Module 4: Transplantation	Chris Dudley, Paul Harden
Module 5: ARF	Paul Stevens

The group favoured the production of a set of web-based documents, partly because this approach would allow ongoing updates as new information became available. The need for the facility to produce printed copies of each module was recognised. DW agreed to explore the level of investment that would be required to achieve this with Neil Turner, the Renal Association Webmaster. **Action DW.**

Stakeholder involvement

The importance of involvement of stakeholder organisations with discussed at length. Module leads were asked to ensure that they liased with appropriate representatives at an early stage in the process of updating and certainly before the public consultation period. Of importance, the “Standards” committee had been commissioned to work in conjunction with the BTS to produce guidelines on medical aspects of kidney transplantation. CN, who represented the BTS Standards group, expressed willingness to help facilitate this process. The general view was that the Paediatric Nephrologists should produce their own set of “Standards”. DW will contact Sally Feather to initiate this process. **Action DW.**

Other stakeholder organisations include:

1. Diabetes UK (Modules 1, 2 and 4)
2. British Hypertension Society (Modules 1, 2 and 4)
3. Royal College of Physicians (Module 1)
4. Royal College of General Practitioners (Module 1)
5. The Intensive Care Society (Module 5)
6. Patients (Modules 1-5)

The NICE anaemia appraisal was discussed and it was considered essential that the leads involved in updating module 2 lease with one of the individuals involved with this process to ensure consistency. **Action MC and DR**

Nomenclature used in updated document

There was discussion about the name of the updated modular document. DW had already approached the Executive asking if the term “Standards” could be dropped. The term had not found widespread use in this context in other countries, implied that the document was strongly evidence based and had legal connotations. DW felt that the following terms might be more appropriate (strongest to weakest evidence):

1. Clinical Performance Indicators

2. Clinical Practice Guidelines

Expert Workgroup

Recommendations

DW recommended to the group

that the updated document was called the “Renal Association Clinical Practice Guidelines” and contained recommended “Audit Measures” written in conjunction with the Renal Registry. It is important that as before, the strength of evidence upon which guidelines are based is made clear.

Mechanisms of update

Since the last update, several large organisations have produce “Clinical Practice Guidelines”, many having access to considerable levels of funding enabling them to undertake formal literature reviews. All these current guidelines (and a comparison thereof) are available to the group on the KDIGO website (www.kdigo.org) and will facilitate the process of updating the UK document. Whilst the updated UK guidelines may differ from those produced by other groups, it was felt that in general, there was no need for time to be spent on a literature review process. Alison McLeod, the former “Standards” Chairperson had supplied DW with evidence updates on several topics undertaken by her group and these will be distributed to the various module leads as appropriate. **Action DW**

It was felt that the updates should comply as much as possible with the Appraisal of Guidelines Research and Evaluation Instrument (www.agreecollaboration.org) which have been circulated to all modular leads. Importantly, all potential conflicts of interest should be listed on the website. **Action DW**

DW suggested that module leads should start by extracting their relevant sections from the current 2002 “Standards” document. He recommended that the guideline statements were then either left unchanged or re-written with a small section of concise text explaining how the statement had been derived from available evidence. Appropriate references should then be given. This approach would allow the reader to judge the strength of the evidence supporting the guideline. Where evidence was lacking, the module leads could write “Expert recommendations”. Audit measures would be included as in the current document. DW suggested that short, concise modules were favoured limited text about the particular topic. This text should simply explain how the guideline statement was derived from the available literature.

The workgroup leads were asked to co-opt the individuals they required to help write the first draft of the update. However, CT and others previously involved in this process recommended small groups with infrequent meetings and e.mail communications. **Action ALL**

Material not covered in previous “Standards” Documents

It is anticipated that module 1 (CKD) will evolve from the document entitled “Guidelines for management and referral of adults with Chronic Kidney Disease” currently being prepared by a group led by CT. Module 4 (Transplantation) would focus on medical as oppose to surgical issues, specifically pre-transplant work-up of donors and recipients and management of medical co morbidities following transplantation (Anaemia, Bone Disease and Diabetes Mellitus).

Timescale of planned update

The module leads felt that it would be possible to get a first draft update of each module available by the end of 2005, in line with Renal Association Executive expectations. Module 5 would be delayed, as PS was currently over committed due to involvement with the NICE anaemia appraisal. DW suggested another meeting of module leads in the early autumn. **Action ALL**